PRINTED: 10/19/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

			(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NVS5459PCA		NVS5459PCA		B. WING		09/17/2009		
NAME OF PROVIDER OR SUPPLIER NEW SUNSET PERSONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 336 S JONES BLVD STE C LAS VEGAS, NV 89107					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		COMPLETE	
P 000	Surveyor: 27469 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/17/09, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies. Complaint #NV00021995 was substantiated with deficiencies cited. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified.		P 000					
P 230 SS=F			er of d the	P 230				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 10/19/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5459PCA 09/17/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 336 S JONES BLVD STE C **NEW SUNSET PERSONAL CARE** LAS VEGAS, NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 230 Continued From page 1 P 230 (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age: (h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and (i) Documentation of all training attended by and performance evaluations of the attendant. This STANDARD is not met as evidenced by: Surveyor: 27469 Based on interview and record review on 9/17/09, the agency failed to have documentation of the testing required by NAC 441A.375 for 3 of 8 employees (Employee #3, #4 and #5). The agency failed to have documentation of a physician statement for 4 of 8 employees (Employee #5, #6, #7 and #10). The agency failed to have documentation of reference checks for 8 of 8 employees. The agency failed to have documentation of a performance evaluation for 2 of 2 employee's who had been at the agency for greater than one year in the employee's file (Employee #8 and #9).

Severity: 2

SS=F

P 310 Section 19.1(b) Training

Scope: 3

P 310

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5459PCA 09/17/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 336 S JONES BLVD STE C **NEW SUNSET PERSONAL CARE** LAS VEGAS. NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 310 Continued From page 2 P 310 Sec. 19. 1. Each attendant of an agency shall: (b) Participate in and complete a training program before independently providing personal care services to the clients of the agency. The training program must include an opportunity for the attendant to receive on-the-job instruction provided by clients of the agency, as long as the administrator of the agency or his designee provides supervision during this instruction to determine whether the attendant is able to provide personal care services successfully and independently to the client. This STANDARD is not met as evidenced by: Surveyor: 27469 Based on interview and record review on 9/17/09. the agency failed to ensure 6 of 8 employees received on the job instruction prior to independently caring for a client (Employee #3, #4, #6, #7, #8 and #10). Severity: 2 Scope: 3